



**Barrington Middle School  
Barrington Beach**

**9 AM to 3 PM**  
Ages **8 to 12**

*Sponsored by Barrington Recreation Department*

Director: Michele Geremia  
401.247.1900 x 381  
Email: [recreation@barrington.ri.gov](mailto:recreation@barrington.ri.gov)

# Camp Endeavor Registration Form 2016

**June 27<sup>th</sup> to August 5<sup>th</sup> ~ Monday to Friday**

**Camp Endeavor** (ages 8 to 12) offers pre-teen children an exciting environment to interact with their peers while engaging in group-activities such as team building challenges, arts and crafts, outdoor games and much more! Camp Endeavor is a fantastic camp for children with creative minds, and enthusiasm for games and sports.

## PROGRAM REQUIREMENTS:

1. All participants must be between 8 and 12 years of age.
2. A processing fee of \$30 will be charged for early withdrawals. No refunds will be given once the session begins. Please refer to our withdrawal and refund policy found on the wavier form.

**Child's Name:** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Allergies / Medical Conditions / Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade (as of fall 2016): \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email (Required): \_\_\_\_\_

*Initial one:*

\_\_\_\_\_ **Yes, I give permission for my child to be photographed**  
\_\_\_\_\_ **No, I DO NOT give my permission for my child to be photographed**

Parent / Guardian (print): \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_

## Additional Pick Up's:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Proof of Barrington residency required for reduced resident fee.**

Mail completed forms with **check payable to 'Town of Barrington'**

**(if you are signing your child up for MAD SCIENCE please send a SEPARATE check made payable to 'Mad Science')**

To: **Town of Barrington, Attention: Recreation Department, 283 County Rd, Barrington, RI 02806.**

Or bring to the Recreation Department (lower level of Town Hall / cemetery side) by Tuesday before the start of the session.

<u>Session 1</u> June 27-July 1	Red Hot Robots (Mad Science) <i>Weeklong 6/27-7/1</i>	Total:
9:00 – 3:00  1 _____  \$65 RESIDENT \$75 NON -RESIDENT	_____ \$175.00  (Separate check made payable to 'MAD SCIENCE')	= \$ _____ Session 1
<u>Session 2</u> July 5-July 8	Dudek Bowling <i>7/6 10am-2pm</i>	Total:
9:00 – 3:00  2 _____  \$65 RESIDENT \$75 NON -RESIDENT	_____ \$20.00	= \$ _____ Session 2
<u>Session 3</u> July 11- July 15	United Skates <i>7/12 10am-2pm</i>	Total:
9:00 – 3:00  3 _____  \$65 RESIDENT \$75 NON -RESIDENT	_____ \$20.00	= \$ _____ Session 3
<u>Session 4</u> July 18- July 22	Eureka (Mad Science) <i>Weeklong 7/18-7/22</i>	Total:
9:00 – 3:00  4 _____  \$65 RESIDENT \$75 NON -RESIDENT	_____ \$145.00  (Separate check made payable to 'MAD SCIENCE')	= \$ _____ Session 4
<u>Session 5</u> July 25- July 29	Roger Williams Zoo <i>7/27 9am-2pm</i>	Total:
9:00 – 3:00  5 _____  \$65 RESIDENT \$75 NON -RESIDENT	_____ \$20.00	= \$ _____ Session 5
<u>Session 6</u> Aug 1- Aug 5	Sachuest Point & Ice Cream <i>8/3 9:30am-2:30pm</i>	Total:
9:00 – 3:00  6 _____  \$65 RESIDENT \$75 NON -RESIDENT	_____ \$20.00	= \$ _____ Session 6
<b>Camp Total:</b> \$ _____	<b>Specials Total:</b> \$ _____	<b>GRAND TOTAL:</b> \$ _____

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

## Camp Waiver Form

1. I, the parents/guardian of the name child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2016 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren).

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions and/or Food Allergies: \_\_\_\_\_

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request before the program begins will receive the full program fee, minus a \$30 processing fee. An email or mailed written withdrawal request by the second (2<sup>nd</sup>) day of the program will receive half the program fee, minus a \$30 processing fee. An emailed or written withdrawal request after two (2) days of the program will receive no refund. (**MAD SCIENCE REFUND POLICY:** An email or mailed written withdrawal request 2 days prior to the start of the program will receive a full program fee refund. Session 1: Withdrawals after June 24, 2016 will receive no refund. Session 4: Withdrawals after July 14, 2016 will receive no refund.)

Parent / Guardian: \_\_\_\_\_  
*Signature*

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please print*

### EMERGENCY CONTACT INFORMATION:

Name of Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Scheduled Field Trips/Specials:

### Session 1:

**RED HOT ROBOTS WEEK** by Mad Science of Southern MA & RI

**\$175/Child**

**(SEPARATE CHECK MADE PAYABLE TO 'MAD SCIENCE')**

Five Days, Three hours each day, of interactive discovery and exploration.

Build your very own robot! Along the way learning about circuits, sensors and Asimov's Laws of Robotics.

Ages 8-12

### Session 2:

7/6

**DUDEK BOWLING LANES**

**\$20/Child**

Includes transportation to/from lanes, bowling, shoe rental and **LUNCH INCLUDED** (Pizza & Drink)

### Session 3:

7/12

**UNITED SKATES OF AMERICA**

**\$20/Child**

Includes transportation to/from venue, skate rental and choice of rock climbing or laser tag.

**LUNCH NOT INCLUDED**- Please bring your own lunch.

### Session 4:

**EUREKA WEEK** by Mad Science of Southern MA & RI

**\$145/Child**

**(SEPARATE CHECK MADE PAYABLE TO 'MAD SCIENCE')**

Five Days, Three hours each day, of interactive discovery and exploration.

Overcome a series of challenges using basic materials, simple machines and tips from famous inventors. Children will create catapults and forts, construct working light sticks to take home and much more!

### Session 5:

7/27

**ROGER WILLIAMS ZOO**

**\$20/Child**

Includes transportation to/from Zoo and admission.

**LUNCH NOT INCLUDED**- Please bring your own lunch.

***\*\*Dress for the weather, bring insect repellent, sun protection & bottled water***

### Session 6:

8/3

**SACHUEST POINT, NATIONAL WILDLIFE REFUGE**

**\$20/Child**

Includes transportation to/from Refuge and Ice Cream stop at Frosty Freeze on the way back.

*(If your child has a dairy allergy, please pack a dessert they can eat.)*

**LUNCH NOT INCLUDED**- Please bring your own lunch.

***\*\*Dress for the weather (LONG PANTS as we will be near tall grasslands) bring insect repellent, sun protection & bottled water***

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

We are excited to have your child at our camp this summer!  
Our goal is for your child to have a great experience.

Please help us by answering the following questions:

Tell us about your child's likes/dislikes that may affect his/her camp experience:

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Is your child comfortable participating in group activities? \_\_\_\_\_ YES \_\_\_\_\_ NO

When your child is upset, what is the best way for our camp counselors to handle the situation?

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Tell us about any concerns you may have in regards to your child attending our camp.

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If you checked off Allergies/Medical Conditions/Medications on the registration page, please provide us with detailed additional information that will help our counselors handle different situations that may arise from Allergies/Medical Conditions/Medications accordingly. \_\_\_\_\_

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Would you like to meet with the Leisure Services Director, Michele Geremia, prior to camp to discuss your child's needs? \_\_\_\_\_ YES \_\_\_\_\_ NO

# BARRINGTON RECREATION SUMMER CAMP

## CODE OF CONDUCT

As we welcome your children into our summer camps, we expect a certain level of behavior that will be enforced and encouraged. The expectation is that campers will behave appropriately with all members of the day camp, and respect the counselors and camp equipment.

Our staff will use a positive approach to discipline and will seek parental support to resolve behavior issues that are disruptive to the camp. Campers who continue to be disruptive after consultation may be dismissed from the program. If you feel it will be beneficial to speak with the Recreation Director, please contact Michele Geremia at 401-247-1900 x381.

We will review the Code of Conduct with your child on the first day of camp so he/she fully understands our expectation. By providing you with a copy, we can work together to create a respectful atmosphere, which will lead to both a positive and enjoyable camping experience for all.

1. Show respect to all campers and staff, and treat them, as you would like to be treated.
2. Come to camp each day prepared to cooperate with your counselor and instructor by taking part in activities that have been selected for that day.
3. Respect the rights of other campers and treat each other with courtesy, consideration and respect.
4. Communicate in an appropriate manner. Inappropriate language, harsh words or gestures are not part of our camp experience.
5. Conduct yourself responsibly by understanding that horseplay, teasing or picking on any individual or bullying will not be tolerated.
6. Behaviors such as hitting, pushing, kicking, fighting or name-calling is unacceptable.
7. Use program equipment, supplies and facilities, appropriately. Return any equipment or material to its proper place after use.
8. Each person is responsible for his/her own behavior and proper behavior leads to a great summer of fun.
9. Each camper is responsible for applying and re-applying sun protection. Your child needs to know this is important to their safety outdoors and is their responsibility.

**I have read the Barrington Recreation Summer Camp Code of Conduct and understand the expectations of my child in camp.**

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Parent/Guardian (Signature)

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Date

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Parent/Guardian (Printed)

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Child's Name (Printed)